

1593-02  
9  
APPLICATION FOR RECORDS RETENTION SCHEDULEOFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

| FOR AGENCY USE   |                               | 1. Agency Address   | FOR RECORDS MANAGEMENT USE   |                               |
|--|-------------------------------|---|------------------------------|-------------------------------|
| Application Date<br>3-04-80  | Application Number<br>75-85-A |   | Date Received<br>MAR 12 1980 | Date Completed<br>MAR 21 1980 |
| Application Number   |                               |   |                              |                               |
| 2. Person to Contact<br>Jim Connolly   |                               | Working Title<br>Coordinator  | Telephone Number<br>894-4331 |                               |
| 3. Action Requested<br>a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.<br>b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.<br>c. <input checked="" type="checkbox"/> Amend Application No. 75-85 Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void   |                               |   |                              |                               |
| 4. Dates of Series<br>Earliest<br>1968<br>Latest<br>Present  |                               | 5. Records Series Title (followed by title used in office, if different)<br>MEDICAID HOSPITAL REIMBURSABLE COST REPORT FILE |                              |                               |
| 6. Division and Office Function      What is the function of the Division and the Office in which this record series is created?<br>The Program Management Division is responsible for determining, through the interpretation of Federal and State guidelines, the services needed for formulating, developing, and planning the policies that govern the reimbursement for services rendered by Medicaid providers. This is accomplished by formulating the enrollment and recipient policy, examining claim inquiries, and coordinating with the provider, associations and professional organizations for each of the sixteen (16) program areas within the Medicaid Program.<br><br>The Reimbursement Services Section is responsible for verifying the accuracy and authenticity of expenditures submitted by Hospitals for reimbursement. |                               |   |                              |                               |
| 7. Record Series Description      This file contains the following documents (include form numbers and titles, if any):<br>Attach samples of the file.<br>Documents relating to: auditing annual reimbursable cost reports submitted by Hospital participants of the Medicaid Program,<br><br>Included are but not limited to are: Hospital Reimbursable Cost Reports, Cost Report Questionnaires, Supporting Schedules and Documentation, Audit Reports and related correspondence.<br><br>File is arranged: Alpha by Hospital  |                               |   |                              |                               |
| 8. Monthly Reference Rate      How often are records referred to which are:<br>One to six months old 12; Seven to twelve months old 9; Thirteen to twenty-four months old 6;<br>twenty-five months and older 2?  |                               |   |                              |                               |
| 9. Annual Rate of Accumulation of Records<br>Letter-size drawers; Legal-size drawers 4; Shelves; Other (specify)   |                               |   |                              |                               |

| YES | NO | 10. Questionnaire (Place an "X" in the proper column)  |
|-----|----|--|
| X   |    | a. Is this the official copy of the series?<br>If not, where is it?  |
|     | X  | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.                                     |
|     | X  | c. Is this a vital record?   |
| X   |    | d. Does this series have historical or long term research value?   |
|     | X  | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? |
|     | X  | f. Is the information contained in this series ever published? If yes, attach copy.  |
|     | X  | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report?<br>If yes, attach copy.                         |
|     | X  | h. Is there a duplication of this series in your office, or in another office or agency?<br>If yes, where?   |
|     | X  | i. Is this series (or a major portion of it) regularly microfilmed?  |
|     | X  | j. Does the record series result in a computer printout?   |

#### 11. Retention Requirements

The following requires the series to be kept:

|                          |                 |                                   |                 |
|--------------------------|-----------------|-----------------------------------|-----------------|
| a. State Law             | <u>3</u> years. | d. Audit period                   | <u>5</u> years. |
| b. Statute of limitation | <u>-</u> years. | e. Administrative need            | <u>7</u> years. |
| c. Federal law           | <u>3</u> years. | f. Federal retention instructions | <u>-</u> years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Because a cost settlement finding may be re-opened at any time for reasons of fraud and abuse, and based upon the Department of Medical Assistance experience with such instances, it is appropriate that cost reports be retained for a period of seven (7) years.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

• ☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 2 year(s); then
- ☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 5 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

• A year behind, because of Hospital varying Fiscal Years.

These instructions apply to all prior and future accumulations of the series.

| Agency Head/Designee (Signature)   | Date    | Records Management Officer (Signature) | Date                        |
|--|---------|--|-----------------------------|
| <i>Tap M. Cary</i>   | 3-11-80 | <i>Paul T. Murphy</i>                  | 3-11-80                     |
|  |         | State Records Committee (Signature)    | Date                        |
| Recommendations in paragraph 12 are approved.<br>(If disapproved, attach letter of explanation.) |         | State Auditor/Designee                 | <i>[Signature]</i> 3-19-80  |
|  |         | Secretary of State/Designee            | <i>Carroll Hart</i> 3-18-80 |
|  |         | Attorney General/Designee              | <i>[Signature]</i> 3-19-80  |



STATE  
OF  
GEORGIA

1593-02-19  
Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
1

|  |  |  |                    |  |  |
|--|--|--|--------------------|--|--|
| 1. Application Date<br>Feb. 18, 1975   |  | INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer. |                    | FOR RECORDS MANAGEMENT DIVISION USE<br>Date Received Application No. Date Completed<br>MAR - 4 1975 75-95 APR - 9 1975 |  |
| 2. Agency Application No.<br>DHR-DBP-15  |  | 3. AGENCY, Division, Subdivision & Administering Office Address<br>Dept. of Human Resources<br>Division of Benefits Payments<br>Medicaid Section Rm. 636-H<br>47 Trinity Ave., Atlanta, Ga. 30334                |                    | 4. Person to Contact<br>Janell Chastain<br>5. Working Title<br>Medicaid Admn.<br>6. Tel. No.<br>656-6385               |  |
| 7. ACTION REQUESTED<br><input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD;<br>RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION;<br>NO FURTHER ACCUMULATION ANTICIPATED.  |  |  |                    |  |  |
| 8. Earliest & Latest Dates of Series<br>1968 to present  |  | 9. Exact Series Title<br>MEDICAID HOSPITAL STATEMENT OF REIMBURSABLE COST REPORT FILES   |                    |  |  |
| 10. What is the function of the office in which this record series is created?<br>The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care.<br><br>Medicaid Section has the responsibility to review for accuracy and approve for payment to State Physicians, hospitals, rental agencies, ambulance services, nursing homes, and home health agencies all Medicaid claims filed for reimbursement for services rendered to welfare recipients in the State of Georgia; and to answer inquiries and correspondence regarding Medicaid claims.  |  |  |                    |  |  |
| 11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).<br><br>Documents relating to maintaining accounting and audit reports submitted by certified Medicaid vendor hospitals.<br><br>Included, but not limited to, are "Hospital Application for Participation in Georgia Medical Assistance Program" identifying hospital, location, legal name of hospital governing body, requirements the hospital must fulfill to comply with policies and procedures established by the Department, signature of hospital administrator agreeing to said terms and related material; Adjusted Hospital Statement of Reimbursable Cost (FORM MA 1.24 A-D), an accounting report detailing inpatient and outpatient hospital |  |  |                    |  |  |
| SEE ATTACHED SHEET<br>ATTACH SAMPLES OF THE FILE   |  |  |                    |  |  |
| 12. EQUIPMENT OCCUPIED   |  | No. of Drawers   | Cu. Ft. of Records | ANNUAL RATE OF ACCUMULATION  |  |
| Letter-size File Drawers   |  | 4  | 6                  | 2 3.5  |  |
| Legal-size File Drawers  |  |  |                    | Floor Space Occupied (Square Feet)   |  |
|  |  |  |                    | In Office(s) In Storage Area(s)  |  |
|  |  |  |                    | This Year's Last Year's Preceding Year's All Prior Years   |  |
|  |  |  |                    | AVERAGE DAILY REFERENCES   |  |
|  |  |  |                    | 1 1 1 0  |  |

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? See item #24.    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

24. **REQUIREMENTS.** The following requires the files to be kept 4 years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☒ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

SEE ATTACHED SHEET

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☐ FISCAL YEAR ☒ OTHER \_\_\_\_\_, then:

- ☐ Hold in the current files area \_\_\_\_\_ month(s)/\_\_\_\_\_ year(s):  
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold \_\_\_\_\_ year(s):  
☐ Destroy.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

SEE ATTACHED SHEET

(Indicate briefly rationale for recommendations above/or write additional remarks):

| Records Management Officer (Signature)   | Date   | OTHER REQUIRED SIGNATURES | DATE           |
|--|--|---------------------------|----------------|
| <i>William G. Jones</i>                  | <i>Feb 27-75</i>   |                           |                |
| 26. Recommendations in paragraph 25 are: | Agency Head/Designee<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved        | <i>James Chastain</i>     | <i>2-19-75</i> |
|  | State Auditor/Designee<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved      | <i>William M. Dixon</i>   | <i>4-8-75</i>  |
|  | Secretary of State/Designee<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | <i>Carroll Hart</i>       | <i>4-4-75</i>  |
|  | Attorney General/Designee<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved   | <i>Robert J. Shell</i>    | <i>4-9-75</i>  |

STATE RECORDS  
COMMITTEE

Department of Human Resources  
Division of Benefits Payments  
Medicaid Section  
47 Trinity Avenue  
Atlanta, Ga. 30334

Page 3

#11

statistics, patient service costs and related financial statistics, calculation of Medicaid reimbursable settlement for inpatient and outpatient services and the computation of the program interim reimbursement percentage rate; additional correspondence, notes and statistics to support hospital accounting statement.

Files are arranged chronologically by fiscal year; thereunder alphabetically by hospital.

#24

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of <sup>final</sup> expenditure report or until resolution of all audit questions.

#25

Cut off files upon completion of Department of Human Resources' Internal Audit; hold in current files area 1 year; then transfer to State Records Center; hold 3 years; then destroy. NOTE: These files may not be destroyed until all audit questions are resolved.

Please Note: Hospital financial records are based on varying fiscal years that begin and end in all 12 months of the year. Reports from Hospitals are due in the Medicaid Section 90 days after the end of the Hospital's fiscal year.